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United States Bankruptcy Court Middle District of Tennessee, Nashville Division

| IN RE: | | Case No |
|--------------------------------|---|---|
| McGovern, Tammy Kay | | Chapter 7 |
| | Debtor(s) | |
| | VERIFICATION OF CREDITOR | MATRIX |
| The above named debtor(s) here | by verify(ies) that the attached matrix listing | creditors is true to the best of my(our) knowledge. |
| | | |
| | | |
| Date: November 21, 2019 | Signature: /s/ Tammy McGovern | |
| | Tammy McGovern | Debtor |
| | | |
| Date: | Signature: | |
| | | Joint Debtor, if any |

McGovern, Tammy Kay (D) 2886 Luke Dr Clarksville, TN 37043-4212

Law Offices of Robert H. Moyer (DA) 408 Franklin St Clarksville, TN 37040-3424

American Freight (A) 680 Sunbury Rd Delaware, OH 43015-9555

Best Buy Credit Services (U) PO Box 78009 Phoenix, AZ 85062-8009

Bi-County Solid Waste Management Systems (U) 3212 Dover Road Woodlawn, TN 37191

Big Lots (U) PO Box 659707 San Antonio, TX 78265-9707

Burkes Outlet (U) PO Box 659705 San Antonio, TX 78265-9705 Capital One/Maurices (U) PO Box 30253 Salt Lake City, UT 84130-0253

Capitol One walmart (U) PO Box 71087 Charlotte, NC 28272-1087

Care Credit Synchrony Bank (U) PO Box 960061 Orlando, FL 32896-0061

Comenity Hot Topc (U)
PO Box 659584
San Antonio, TX 78265-9584

Comenity/The Buckle (U) PO Box 659704 San Antonio, TX 78265-9704

Comenity/The Childrens Place (U) PO Box 659820 San Antonio, TX 78265-9120

Commenity Marathon (U) PO Box 659584 San Antonio, TX 78265-9584 Credit Burea Systems Inc. (U) P.O. Box 482 Clarksville, TN 37041-0482

Direct TV (U)
PO Box 5014
Carol Stream, IL 60197-5014

Dressbarn Capitol One (U) PO Box 4144 Carol Stream, IL 60197-4144

Electronic Express (U) PO Box 960061 Orlando, FL 32896-0061

Enterprise Rent A Car (U) P.O. Box 40738 Atlanta, GA 30384-5738

Finger Hut (U) PO Box 70281 Philadelphia, PA 19176-0281

Fortiva Home Improvement Card (U) PO Box 790105 Saint Louis, MO 63179-0105 Fox Collection Center (U)
P.O. Box 528
Goodlettsville, TN 37070-0528

Frost -Arnett Company (U)
PO Box 198988
Nashville, TN 37219-8988

Gateway Financial Service (S) 631 N Riverside Dr Clarksville, TN 37040-3127

Gateway Financial Svcs (S) 631 N Riverside Dr Clarksville, TN 37040-3127

Kay Jewlers (U)
PO Box 23013
Columbus, GA 31902-3013

Kohls Payment Center (U) PO BOX 1456 Charlotte, NC 28201

labratory Corporation of America (U) PO Box 2240 Burlington, NC 27216-2240

LCA (U)
P.O. Box 2240
Burlington, NC 27216

Nashville Adjustment Bureau (U) PO Box 198988 Nashville, TN 37219

People Clinic, PLLC (U) 305 Dover Rd Clarksville, TN 37042-4157

Pier 1 Imports (U) PO Box 659617 San Antonio, TX 78265-9617

Premiere Credit Of North America LLC (U) PO Box 199014 Indianapolis, IN 46219-9014

Premiere Medical (U) PO Box 14000 Belfast, ME 04915-4033

Professional Account Services (U) PO Box 188 Brentwood, TN 37024-0188

Progressive Leasing (A) 5651 W Talavi Blvd Glendale, AZ 85306-1884

SCA Collections (U) PO Box 876 Greenville, NC 27835-0876

Ulta Beauty (U) PO Box 659820 San Antonio, TX 78265-9120

Vanderbilt University Medical Center (U) Dept. 1171 PO Box 121171 Dallas, TX 75312-1171

Verizon (A) PO Box 26055 Minneapolis, MN 55426-0055

Verizon Wireless (U) PO Box 26055 Minneapolis, MN 55426-0055

Victorias Secret (U) PO Box 659728 San Antonio, TX 78265-9728

| Fill in th | is information to identi | fy your case: | | |
|-----------------------------------|---|-----------------------|--|---|
| Debtor 1 | Tammy Kay McG | Niddle Name | Last Name | |
| Debtor 2 | i iist ivaine | Middle Name | Lastivanie | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | MIDDLE DISTRIC | CT OF TENNESSEE, NASHVILLE DIVISION | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |
| | | | | amended ming |
| Official Fo | r. 100 | | | |
| Official Fo | | | | _ |
| Statemer | nt of Intentio | n for Indiv | viduals Filing Under Chapte | er 7 12/15 |
| M | | 7 | and this forms if | |
| | vidual filing under chap claims secured by you | | out this form it: | |
| _ | ed personal property a | | ot expired. | |
| You must file this | s form with the court w | ithin 30 days after y | ou file your bankruptcy petition or by the date set f | |
| whichev the form | | e court extends the | time for cause. You must also send copies to the c | reditors and lessors you list on |
| If two married no | onlo ara filina tagathar | in a joint agan bat | h are equally responsible for supplying correct info | rmetion. Both debters must sign |
| | te the form. | in a joint case, bot | in are equally responsible for supplying correct info | mation. Both debtors must sign |
| Be as complete a | nd accurate as possibl | e. If more space is | needed, attach a separate sheet to this form. On the | top of any additional pages. |
| | our name and case nun | | | |
| Part 1: List Yo | our Creditors Who Have | e Secured Claims | | |
| | | | 0 11/2 11/1 01 1 0 1 1 0 1 1 | |
| 1. For any credito information be | | irt 1 of Schedule D: | Creditors Who Have Claims Secured by Property (C | Official Form 106D), fill in the |
| Identify the cre | editor and the property t | hat is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | Secures a dest: | as exempt on somedule o: |
| | | _ | _ | _ |
| Creditor's G name: | ateway Financial Se | ∍rvice | Surrender the property. | □ No |
| name. | | | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a <i>Reaffirmation</i> | ■ Yes |
| | Couch, lamp, boo | k case | Agreement. | |
| property | | | Retain the property and [explain]: | |
| securing debt: | | | avoid lien using 11 U.S.C. § 522(f) | _ |
| | | | | |
| | ateway Financial Se | ervice | ☐ Surrender the property. | □ No |
| name: | | | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a <i>Reaffirmation</i> | ■ Yes |
| Description of | Couch, lamp, boo | k case | Agreement. | ■ res |
| property | | | ■ Retain the property and [explain]: | |
| securing debt: | | | avoid lien using 11 U.S.C. § 522(f) | _ |
| | | | | |
| | ateway Financial Sy | /cs | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | ■ Yes |
| Description of | Couch, lamp, boo | k case | ☐ Retain the property and enter into a <i>Reaffirmation Agreement</i> . | ■ Yes |
| property | • • | | Retain the property and [explain]: | |

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securing debt:

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

avoid lien using 11 U.S.C. § 522(f)

page 1

| Debtor 1 McGover | rn, Tammy Kay | Case number (if known) |
|--|--|---|
| r any unexpired per e information below | . Do not list real estate leases. Unexpire | Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill is ed leases are leases that are still in effect; the lease period has not yet ended. You stee does not assume it. 11 U.S.C. § 365(p)(2). |
| escribe your unexp | ired personal property leases | Will the lease be assumed? |
| essor's name: | American Freight | ■ No |
| escription of leased roperty: | Mattress | ☐ Yes |
| essor's name: | Progressive Leasing | ■ No |
| | | ☐ Yes |
| escription of leased roperty: | Lease on furniture | |
| essor's name: | Verizon | ■ No |
| | | ☐ Yes |
| escription of leased operty: | Cellphone/reject contract | |
| art 3: Sign Below | , | |
| | ury, I declare that I have indicated my in ct to an unexpired lease. | ntention about any property of my estate that secures a debt and any personal |
| /s/ Tammy Mc | Govern | X |
| Tammy Kay M Signature of Deb | | Signature of Debtor 2 |
| Date Nove | mber 21, 2019 | Date |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

| Fill in this information to identify your case: | | |
|--|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| MIDDLE DISTRICT OF TENNESSEE, NASHVILLE DIVISION | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

page 1

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|--|--|---|---|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for | Tammy First name | | First name |
| | example, your driver's license or passport). | Kay | | |
| | | Middle name | _ | Middle name |
| | Bring your picture identification to your meeting | _ McGovern | | |
| | with the trustee. | Last name and Suffix (Sr., Jr., II, III) | | Last name and Suffix (Sr., Jr., II, III) |
| | | | | |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1038 | | |
| | | | | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | | LING | |
| 5. | Where you live | 2886 Luke Dr | If Debtor 2 lives at a different address: |
| | | Clarksville, TN 37043-4212 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Montgomery County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| Deb | tor 1 McGovern, Tan | nmy Kay | | | | Case number (if known) | | | |
|--|---|--------------|---|--|---|---|--------------|--|--|
| | | | | | | | | | |
| Part | Tell the Court Abou | ut Your Bank | ruptcy Ca | se | | | | | |
| 7. | The chapter of the Bankruptcy Code you a choosing to file under | | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | choosing to me under | ■ Chap | ■ Chapter 7 | | | | | | |
| | | ☐ Chap | ☐ Chapter 11 | | | | | | |
| | | ☐ Chap | ter 12 | | | | | | |
| | | ☐ Chap | ter 13 | | | | | | |
| | | | | | | | | | |
| 8. | How you will pay the fee | abo If y | out how yo | the entire fee when I file my petition. Please check with the clerk's office in your local court for more details you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. or | | | | | |
| | | | | | | n, sign and attach the Application for Individuals to | o Pay The | | |
| | | | • | Installments (Official | , | only if you are filing for Chapter 7. By law, a judge | e may but is | | |
| | | not | I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application</i> | | | | | | |
| | | | | | ble to pay the fee in installments Waived (Official Form 103B) a | | Application | | |
| | | | | | | | | | |
| 9. Have you filed for No. bankruptcy within the last | | | | | | | | | |
| | 8 years? | | | | | | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10 | Are any bankruptcy cas | | | | | | | | |
| 10. | pending or being filed b | y _ 110 | | | | | | | |
| | a spouse who is not filithis case with you, or by a business partner, or by an affiliate? | y | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | B | | 0 - 1 - 1 | | | | | | |
| 11. | Do you rent your residence? | ■ No. | Go to I | ine 12. | | | | | |
| | | ☐ Yes. | Has yo | | d an eviction judgment agains | t you? | | | |
| | | | | No. Go to line 12. | | | | | |
| | | | | Yes. Fill out <i>Initial</i> shankruptcy petition | | udgment Against You (Form 101A) and file it as p | art of this | | |
| | | | | | | | | | |

| Deb | otor 1 McGovern, Tamm | y Kay | | | Case number (if known) | |
|-----|---|------------------------|--|--------------------------------------|---|--|
| | | | | | | |
| Par | Report About Any Bu | sinesses \ | ou Own | as a Sole Proprieto | or | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | |
| | | ☐ Yes. | Name | and location of bus | siness | |
| | A sole proprietorship is a | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | | |
| | If you have more than one sole proprietorship, use a | | Numb | per, Street, City, Sta | te & ZIP Code | |
| | separate sheet and attach it to this petition. | | Chec | k the appropriate bo | x to describe your business: | |
| | | | | | ness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broke | r (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure i U.S.C. 1116(1)(B). | | | |
| | For a definition of small | ■ No. | I am r | not filing under Chap | oter 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | l am f Code | • | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | |
| Par | t 4: Report if You Own or | Have Any | Hazardo | us Property or Any | Property That Needs Immediate Attention | |
| 14. | Do you own or have any property that poses or is | ■ No. | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to public health or | ☐ Yes. | What is | the hazard? | | |
| | safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs | | Where is | s the property? | | |
| | urgent repairs? | | | | Number, Street, City, State & Zip Code | |
| | | | | | number, offeet, only, state a zip code | |
| | | | | | | |
| | | | | | | |

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of:

П Incapacity.

> I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 McGovern, Tamm | y Kay | | Case numbe | r (if known) | | |
|-----|--|--------------------|---|--|---|--|--|
| ar | t 6: Answer These Question | ons for Re | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consume individual primarily for a personal, fa | | ed in 11 U.S.C.§ 101(8) as "incurred by an | | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | | ss debts? Business debts are debts though the operation of the business or in | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you owe that | at are not consumer debts or business d | lebts | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. Go | o to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. Do you paid that funds will be available to d | | is excluded and administrative expenses are | | |
| | administrative expenses are paid that funds will be | | No | | | | |
| | available for distribution to unsecured creditors? | | ☐ Yes | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | 1 25,001-50,000 | | |
| | you estimate that you owe? | □ 50-99 | I | <u></u> 5001-10,000 | <u> </u> | | |
| | | ☐ 100-1 ☐ 200-9 | | □ 10,001-25,000 | ☐ More than100,000 | | |
| | | — 200-9 | | | | | |
| 19. | low much do you estimate your assets to | \$0 - \$ | | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| | Hannanah da man | | | — | | | |
| 20. | How much do you estimate your liabilities to | \$0 - \$ | | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion | | |
| | be? | | 001 - \$100,000 001 - \$500,000 | □ \$50,000,001 - \$100 million | ☐ \$10,000,000,001 - \$50 billion | | |
| | | _ ' ' | 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| ar | t7: Sign Below | | | | | | |
| or | you | I have ex | amined this petition, and I declare un | nder penalty of perjury that the information | on provided is true and correct. | | |
| | | | | n aware that I may proceed, if eligible, under each chapter, and I choose to pro | under Chapter 7, 11,12, or 13 of title 11, United occeed under Chapter 7. | | |
| | | | rney represents me and I did not pay ained and read the notice required by | | attorney to help me fill out this document, I | | |
| | | I request | relief in accordance with the chapte | er of title 11, United States Code, spec | ified in this petition. | | |
| | | case can | | | operty by fraud in connection with a bankruptcy 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | |
| | | Tammy | Kay McGovern e of Debtor 1 | Signature of Debtor | 7.2 | | |
| | | Executed | November 21, 2019 | Executed on MM | / DD / YYYY | | |
| | | | | | | | |

| Debtor 1 McGovern, Tamn | ny Kay | Cas | se number (if known) |
|---|--|-------------------------------|---|
| For your attorney, if you are represented by one | Chapter 7, 11, 12, or 13 of title 11, United Sta | ites Code, and have explained | ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the ice required by 11 U.S.C. § 342(b) and, in a case in |
| If you are not represented by an attorney, you do not need to file this page. | | | ry that the information in the schedules filed with the |
| o me une page. | /s/ Robert Moyer Signature of Attorney for Debtor | Date | November 21, 2019 MM / DD / YYYY |
| | Robert Moyer | | |
| | Printed name Law Offices of Robert H. Moyer Firm name | | |
| | 408 Franklin St | | |
| | Clarksville, TN 37040-3424 Number, Street, City, State & ZIP Code | | |
| | Contact phone | Email address | rhmover@bellsouth.net |

Robert Moyer
Bar number & State

| Debtor 1 Tammy Kay McGovern First Name Middle Name Last Name Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE, NASHVILLE DIVISION Case number Case number Check if this is amended filing Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | |
|---|----------|
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE, NASHVILLE DIVISION Case number Check if this is amended filing Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where yo think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? | |
| Case number Check if this is amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where yo think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | |
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| think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | |
| 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | J |
| ■ No. Go to Part 2. | |
| | |
| ☐ Yes. Where is the property? | |
| | |
| | |
| Part 2: Describe Your Vehicles | |
| Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. | |
| 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles | |
| ■ No | |
| ☐ Yes | |
| 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No | |
| ■ NO Yes | |
| | |
| 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here | <u> </u> |
| Part 3: Describe Your Personal and Household Items | |
| Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secure claims or exemptions | d |
| 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No | |
| ■ Yes. Describe Couch, lamp, book case \$300 | 00 |
| Couch, lamp, book case \$300 | .00 |
| 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No | |
| ■ Yes. Describe Official Form 106A/B Schedule A/B: Property | |

| Debtor 1 | McGovern, | Tammy Kay | Ca | ase number (if known) | |
|--------------------------------------|----------------------------------|---|--|---------------------------|---|
| | | TV, cellphone | | | \$300.00 |
| Exam | collections, | d figurines; paintings, prints, or o memorabilia, collectibles | other artwork; books, pictures, or other art ob | jects; stamp, coin, or ba | seball card collections; other |
| | s. Describe | on the state of | | | |
| Exam | instruments | ographic, exercise, and other ho | bby equipment; bicycles, pool tables, golf clu | ıbs, skis; canoes and ka | yaks; carpentry tools; musical |
| 10. Firea Exa | nrms mples: Pistols, rifle | es, shotguns, ammunition, and | related equipment | | |
| 11. Cloth Exa | n es mples: Everyday c | othes, furs, leather coats, desig | ner wear, shoes, accessories | | |
| ■ Ye | s. Describe | Women's clothing | | | \$500.00 |
| 13. Non- <i>Exa</i> ■ No □ Ye | s. Describe other personal a | | ets of earrings ot already list, including any health aids | you did not list | \$200.00 |
| ☐ Ye | s. Give specific in | formation | | | |
| | | of all of your entries from Pa mber here | rt 3, including any entries for pages you | have attached for | \$1,300.00 |
| Part 4: | Describe Your Fina | ncial Assets | | | |
| Do you | own or have any | legal or equitable interest in a | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | <i>mples:</i> Money you | have in your wallet, in your home | e, in a safe deposit box, and on hand when y | ou file your petition | |
| Exa | institutions | | nts; certificates of deposit; shares in credit u with the same institution, list each. | nions, brokerage houses | s, and other similar |
| ⊔ Ye | S | | Institution name: | | |

Official Form 106A/B Schedule A/B: Property page 2

| De | btor 1 | McGovern | , Tammy Kay | Case number (if known) | |
|-----|------------------|-----------------------------|---|--|---|
| 18. | | | , or publicly traded stocks s, investment accounts with brokera | ge firms, money market accounts | |
| | No | | | | |
| | ☐ Yes | | Institution or issuer nam | ne: | |
| | joint v | ublicly traded s renture | stock and interests in incorporate | d and unincorporated businesses, including an interest in an | LLC, partnership, and |
| | ■ No | 0 | | | |
| | ⊔ Yes. | Give specific ii | nformation about them Name of entity: | % of ownership: | |
| | Negoti Non-ne | iable instrument | ts include personal checks, cashiers' | e and non-negotiable instruments checks, promissory notes, and money orders. to someone by signing or delivering them. | |
| | ■ No | | | | |
| | ⊔ Yes. | Give specific in | formation about them Issuer name: | | |
| 21. | Retiren | nent or pensio | on accounts | | |
| | Examp | | |), thrift savings accounts, or other pension or profit-sharing plans | |
| | ■ No | List sask sass. | t a an anatali. | | |
| | ⊔ Yes. | List each accou | Type of account: | Institution name: | |
| | Your s Examp | hare of all unus | | ou may continue service or use from a company a utilities (electric, gas, water), telecommunications companies, or of | hers |
| | ■ No | | | la attentina a casa ca in dividual. | |
| | ☐ Yes. | | | Institution name or individual: | |
| | Annuiti ■ No | ies (A contract t | for a periodic payment of money to y | ou, either for life or for a number of years) | |
| | Yes | | Issuer name and description. | | |
| | | | ion IRA, in an account in a qualifi , 529A(b), and 529(b)(1). | ed ABLE program, or under a qualified state tuition program. | |
| | ☐ Yes | | Institution name and description. Se | parately file the records of any interests.11 U.S.C. § 521(c): | |
| | Trusts, ■ No | , equitable or f | uture interests in property (other | than anything listed in line 1), and rights or powers exercisab | le for your benefit |
| | | Give specific in | nformation about them | | |
| | | | trademarks, trade secrets, and other main names, websites, proceeds from | her intellectual property m royalties and licensing agreements | |
| | | Give specific in | nformation about them | | |
| | | | , and other general intangibles ermits, exclusive licenses, cooperativ | e association holdings, liquor licenses, professional licenses | |
| | | Give specific in | nformation about them | | |
| М | oney or | property owed | d to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | _ | funds owed to | you | | |
| | ■ No □ Yes. | Give specific in | formation about them, including whe | ther you already filed the returns and the tax years | |

Official Form 106A/B Schedule A/B: Property page 3

| De | ebtor 1 | McGovern, Tammy Kay | | Case number (if known) | |
|-----|-----------------|--|--|--|-------------------------------|
| 29. | _ ' | | ny, spousal support, child support, m | aintenance, divorce settlement, property s | settlement |
| | ■ No □ Yes. | Give specific information | | | |
| 30. | | mounts someone owes you bles: Unpaid wages, disability insu unpaid loans you made to s | | ck pay, vacation pay, workers' compensati | on, Social Security benefits; |
| | _ | Give specific information | | | |
| 31. | | ts in insurance policies bles: Health, disability, or life insur | ance; health savings account (HSA); c | credit, homeowner's, or renter's insurance | |
| | _ | Name the insurance company of | each policy and list its value | | |
| | — тез. і | Company | | Beneficiary: | Surrender or refund value: |
| 32. | | | ou from someone who has died , expect proceeds from a life insurance | e policy, or are currently entitled to receive p | property because someone has |
| | _ | Give specific information | | | |
| | Examp ■ No | oles: Accidents, employment disp | or not you have filed a lawsuit or moutes, insurance claims, or rights to su | | |
| | | Describe each claim | | | |
| 34. | ■ No | | ims of every nature, including cou | nterclaims of the debtor and rights to s | et off claims |
| | ⊔ Yes. | Describe each claim | | | |
| | ■ No | ancial assets you did not alrea | dy list | | |
| | ☐ Yes. | Give specific information | | | |
| 36 | | | ntries from Part 4, including any ent | tries for pages you have attached for | \$0.00 |
| Pa | rt 5: De | scribe Any Business-Related Prop | erty You Own or Have an Interest In. Lis | st any real estate in Part 1. | |
| | _ ′ | • • • | interest in any business-related propert | ty? | |
| - | No. Go | to Part 6. | | | |
| I | ☐ Yes. G | so to line 38. | | | |
| Pa | | scribe Any Farm- and Commercial ou own or have an interest in farmlar | Fishing-Related Property You Own or Had, list it in Part 1. | Have an Interest In. | |
| 46. | | , , , | table interest in any farm- or comm | ercial fishing-related property? | |
| | ■ No. | Go to Part 7. | | | |
| | ☐ Yes | Go to line 47. | | | |
| Pa | rt 7: | Describe All Property You Own | or Have an Interest in That You Did Not | List Above | |
| 53. | Examp | have other property of any kingles: Season tickets, country club | | | |
| | ■ No | Give specific information | | | |

Official Form 106A/B Schedule A/B: Property page 4

| Deb | tor 1 McGovern, Tammy Kay | | Case number (if known) | |
|------|--|-----------------|------------------------------|------------|
| 54. | Add the dollar value of all of your entries from Part 7. Write t | hat number here | | \$0.00 |
| Part | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$0.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$1,300.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$0.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$1,300.00 | Copy personal property total | \$1,300.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$1,300.00 |

Official Form 106A/B Schedule A/B: Property page 5

| | Fill in this information to identify your c | ase: | | | | | | |
|---------------------------|--|--|------------------------------|--|--|--|--|--|
| De | ebtor 1 Tammy Kay McGovern | | | | | | | |
| | | liddle Name | L | ast Name | | | | |
| | ebtor 2 House if, filing) First Name N | liddle Name | L | ast Name | | | | |
| Un | nited States Bankruptcy Court for the: MIDDI | E DISTRICT OF TEN | NESS | SEE, NASHVILLE DIVISION | | | | |
| | | | | | | | | |
| | se number | | | | ☐ Check if this is an amended filing | | | |
| O | fficial Form 106C | | | | | | | |
| S | chedule C: The Proper | ty You Cla | im | as Exempt | 4/19 | | | |
| propout | as complete and accurate as possible. If two mar perty you listed on <i>Schedule A/B: Property</i> (Offic and attach to this page as many copies of <i>Part 2</i> wn). | ial Form 106A/B) as yo | ur sou | rce, list the property that you claim a | s exempt. If more space is needed, fill | | | |
| spe app fun to a | each item of property you claim as exempt, scific dollar amount as exempt. Alternatively, blicable statutory limit. Some exemptions—si ds—may be unlimited in dollar amount. Howa particular dollar amount and the value of tholicable statutory amount. | you may claim the fu uch as those for healt ever, if you claim an e | ıll fair th aid: exemp | market value of the property being s, rights to receive certain benefit otion of 100% of fair market value | ng exempted up to the amount of any s, and tax-exempt retirement under a law that limits the exemption | | | |
| Pa | It 1: Identify the Property You Claim as Ex | kempt | | | | | | |
| 1. | Which set of exemptions are you claiming? | Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. | | | | | | |
| | You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | |
| | ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | |
| | Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption | | | | | | | |
| 2. | Schedule A/B that lists this property | Copy the value from Check only one box for each exemption. Schedule A/B | | eck only one box for each exemption. | | | | |
| | Couch, lamp, book case | \$300.00 | | \$300.00 | TCA § 26-2-103 | | | |
| | Line from Schedule A/B. 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | TV, cellphone | \$300.00 | | \$300.00 | TCA § 26-2-103 | | | |
| | Line from Schedule A/B: 7.1 | | _ | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Women's clothing Line from Schedule A/B 11.1 | \$500.00 | | \$500.00 | TCA § 26-2-103 | | | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | 3 rings, 1 bracelet, 8 sets of earrings Line from Schedule A/B: 12.1 | \$200.00 | | \$200.00 | TCA § 26-2-103 | | | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| 3. | Are you claiming a homestead exemption o (Subject to adjustment on 4/01/22 and every 3 y No Yes. Did you acquire the property covered No Yes | ears after that for case | s filed | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| | Fill in this | information to ident | ify your case: | | | |
|----------------|---|--------------------------|---|---------------------------|---|-------------------------------------|
| Deb | tor 1 | Tammy Kay Mc | Govern | | | |
| | | First Name | Middle Name Last Name |) | - } | |
| | tor 2 use if, filing) | First Name | Middle Name Last Name |) | - | |
| Unit | ed States Bank | cruptcy Court for the: | MIDDLE DISTRICT OF TENNESSEE, NA | ASHVILLE DIVISION | _ | |
| Cas (if kno | e number | | | | | heck if this is an nended filing |
| Off | icial Form | 106D | | | | |
| Sc | hedule [| D: Creditors | Who Have Claims Secur | ed by Propert | ty | 12/15 |
| | ed, copy the Ado | | f two married people are filing together, both are , number the entries, and attach it to this form. C | | | |
| 1. Do | any creditors ha | ave claims secured by | your property? | | | |
| | ☐ No. Check the | nis box and submit thi | s form to the court with your other schedules. | ou have nothing else to r | eport on this form. | |
| | Yes Fill in a | II of the information be | elow | o o | | |
| Part | | Secured Claims | Siow. | | | |
| | | | nore than one secured claim, list the creditor separa | Column A | Column B | Column C |
| for e | ach claim. If mor | e than one creditor has | a particular claim, list the other creditors in Part 2. A sal order according to the creditor 's name. | | Value of collatera that supports this claim | |
| 2.1 | Gateway Fi Service | inancial | Describe the property that secures the claim: | \$2,186.98 | \$300.0 | , |
| | Creditor's Name | | Couch, lamp, book case | | | |
| | 631 N River Clarksville, 37040-3127 | TN | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| | Number, Street, C | City, State & Zip Code | Unliquidated | | | |
| Who | o owes the debt | t? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| | Debtor 1 only | | ☐ An agreement you made (such as mortgage or car loan) | secured | | |
| _ | Debtor 1 and Debt | tor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien |) | | |
| _ | | debtors and another | ☐ Judgment lien from a lawsuit | , | | |
| | Check if this clai | | Other (including a right to offset) | | | |
| Date | debt was incur | red | Last 4 digits of account number 222 | 22 | | |

| Debt | or 1 Tammy Kay McGovern | C | Case number (if known) | | |
|--------|--|--|------------------------|-------------|------------|
| | First Name Middle N | lame Last Name | · · · · — | | |
| | Oataway Financial | | | | |
| 2.2 | Gateway Financial | Describe the property that secures the claim: | \$3,295.03 | \$300.00 | \$3,295.03 |
| | Service Creditor's Name | | | | 40,200.00 |
| | | Couch, lamp, book case | | | |
| | 631 N Riverside Dr | | | | |
| | Clarksville, TN | As of the date you file, the claim is: Check all that apply. | | | |
| | 37040-3127 | ☐ Contingent | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | | ☐ Disputed | | | |
| Who | owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ D | ebtor 1 only | ☐ An agreement you made (such as mortgage or sect | ured | | |
| _ | ebtor 2 only | car loan) | | | |
| _ | ebtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| | least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| □с | heck if this claim relates to a | Other (including a right to offset) | | | |
| | ommunity debt | | | | |
| Date | debt was incurred | Last 4 digits of account number 1223 | | | |
| | | | | | |
| 2.3 | Gateway Financial Svcs | Describe the property that secures the claim: | \$3,847.07 | \$300.00 | \$3,847.07 |
| | Creditor's Name | Couch, lamp, book case | | | |
| | | | | | |
| | 631 N Riverside Dr | As of the date you file, the claim is: Check all that | | | |
| | Clarksville, TN | apply. | | | |
| | 37040-3127 | Contingent | | | |
| | Number, Street, City, State & Zip Code | Unliquidated | | | |
| \A/ba | owes the debt? Check one. | Disputed | | | |
| _ | | Nature of lien. Check all that apply. | | | |
| | ebtor 1 only | An agreement you made (such as mortgage or secucar loan) | urea | | |
| | ebtor 2 only | | | | |
| | ebtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| | least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | heck if this claim relates to a ommunity debt | Other (including a right to offset) | | | |
| Date | debt was incurred | Last 4 digits of account number 2221 | | | |
| | | | | | |
| | | lumn A on this page. Write that number here: | \$9,329.08 | | |
| | is the last page of your form, add th | ne dollar value totals from all pages. | \$9,329.08 | | |
| vvrite | that number here: | | 45,525.00 | | |
| Part | 2: List Others to Be Notified fo | r a Debt That You Already Listed | | | |
| | | | | | |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in t | this information to identify you | r case: | | | | |
|----------------------------|---|------------------------------|--------------------------------|---------------------------|--------------------------|-------------------------|
| Debtor 1 | Tammy Kay McG | overn | | | | |
| | First Name | Middle Name | Last Name | | _ } | |
| Debtor 2 (Spouse if, fi | ling) First Name | Middle Name | Last Name | | _ | |
| United Sta | ates Bankruptcy Court for the: | MIDDLE DISTRICT C | OF TENNESSEE, NASI | HVILLE DIVISION | _ | |
| Case num | nher | | | | | |
| (if known) | | | | | | heck if this is an |
| | | | | | a | mended filing |
| Official | Form 106E/F | | | | | |
| | ule E/F: Creditors W | ho Have Unse | cured Claims | | | 12/15 |
| | plete and accurate as possible. Us | | | aut O fau anaditana with | NONDRIODITY eleim | |
| the Continu | s Who Have Claims Secured by Pr uation Page to this page. If you hav er (if known). I List All of Your PRIORITY Un | e no information to repo | | | | |
| | y creditors have priority unsecure | | | | | |
| | . Go to Part 2. | , | | | | |
| ☐ Yes | | | | | | |
| | - | | | | | |
| Part 2: | List All of Your NONPRIORIT | / Unsecured Claims | | | | |
| 3. Do an | y creditors have nonpriority unsec | ured claims against you | ? | | | |
| ☐ No | . You have nothing to report in this pa | art. Submit this form to the | court with your other sche | dules. | | |
| ■ Yes | S. | | | | | |
| unsecu | I of your nonpriority unsecured claured claim, list the creditor separately ne creditor holds a particular claim, li | for each claim. For each of | claim listed, identify what ty | pe of claim it is. Do not | list claims already incl | uded in Part 1. If more |
| | | | | | | Total claim |
| | Sest Buy Credit Services | Last 4 dig | gits of account number | 7544 | | \$1,473.52 |
| N | onpriority Creditor's Name | When wa | s the debt incurred? | | | |
| | O Box 78009 | | | | | - |
| | Phoenix, AZ 85062-8009 | A = ef the | determentile the eleient | Ob It - II 4b -4 It - | | |
| | umber Street City State Zip Code /ho incurred the debt? Check one. | As of the | date you file, the claim i | s: Check all that apply | | |
| _ | Debtor 1 only | ☐ Contir | agent | | | |
| | Debtor 2 only | ☐ Unliqu | = | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disput | | | | |
| | At least one of the debtors and and | | IONPRIORITY unsecured | d claim: | | |
| | Check if this claim is for a comr | | nt loans | | | |
| de | ebt the claim subject to offset? | ☐ Obliga | ations arising out of a sepa | ration agreement or divo | rce that you did not | |
| _ | No | • | to pension or profit-sharin | g plans, and other simila | r debts | |
| |] Yes | | Specify Credit Card | | | |

| When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Cother. Specify Trash service Last 4 digits of account number 4910 | \$305.d |
|--|---|
| As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Trash service Last 4 digits of account number 4910 | \$1 2 <i>4</i> 8 |
| □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify | \$1 2 <i>4</i> 8 |
| □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify | \$1 2 <i>4</i> 8 |
| □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify | \$1 2 <i>4</i> 8 |
| □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify | \$1 2 <i>4</i> 8 |
| Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Trash service Last 4 digits of account number 4910 | \$1 2 <i>4</i> 8 |
| □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify | \$1 2 <i>4</i> 8 |
| □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Trash service Last 4 digits of account number 4910 | \$1 2 <i>4</i> 8 |
| report as priority claims Debts to pension or profit-sharing plans, and other similar debts Trash service Last 4 digits of account number 4910 | \$1 2 <i>4</i> 8 |
| ■ Other. Specify Trash service Last 4 digits of account number 4910 | \$1 2 <i>4</i> 2 |
| Last 4 digits of account number 4910 | \$1 2 <i>0</i> 9 |
| | \$1 2 <i>4</i> 8 |
| | w 1.440. |
| Whan was the debt incurred? | ¥ -,= |
| ************************************** | |
| | |
| As of the date you file, the claim is: Check all that apply | |
| | |
| ☐ Contingent | |
| ☐ Unliquidated | |
| □ Disputed | |
| Type of NONPRIORITY unsecured claim: | |
| Student loans | |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debts to pension or profit-sharing plans, and other similar debts | |
| ■ Other. Specify Credit Card | |
| Last 4 digits of account number 5060 | \$300. |
| When was the debt incurred? | |
| When was the debt incurred: | |
| | |
| As of the date you file, the claim is: Check all that apply | |
| | |
| Contingent | |
| Unliquidated | |
| Disputed | |
| Type of NONPRIORITY unsecured claim: | |
| | |
| • | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Last 4 digits of account number 5060 When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed |

Schedule E/F: Creditors Who Have Unsecured Claims

| | | _ |
|--|---|----------|
| Capital One/Maurices Nonpriority Creditor's Name | Last 4 digits of account number 8866 | \$305.32 |
| Nonpholity Creditor's Name | When was the debt incurred? | |
| PO Box 30253 | | |
| Salt Lake City, UT 84130-0253 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim is. Offeck all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Credit Card | |
| Capitol One walmart | Last 4 digits of account number 2050 | \$104.43 |
| Nonpriority Creditor's Name | <u>———</u> | , |
| PO Box 71087 | When was the debt incurred? | |
| Charlotte, NC 28272-1087 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? ■ No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | |
| Yes | Other. Specify Credit Card | |
| Care Credit Synchrony Bank Nonpriority Creditor's Name | Last 4 digits of account number 8743 | \$155.39 |
| Tronphony Ground of Name | When was the debt incurred? | |
| PO Box 960061 | | |
| Orlando, FL 32896-0061 Number Street City State Zip Code | As of the date year file the elements. Check all that apply | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Credit Card | |

| Debto | McGovern, Tammy Kay | Case number (f known) | |
|-------|---|---|------------|
| 4.8 | Comenity Hot Topc Nonpriority Creditor's Name | Last 4 digits of account number | \$37.98 |
| | | When was the debt incurred? | |
| | PO Box 659584 San Antonio, TX 78265-9584 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.9 | Comenity/The Buckle | Last 4 digits of account number 1331 | \$1,840.00 |
| | Nonpriority Creditor's Name | When we the debt in sum do | |
| | PO Box 659704 | When was the debt incurred? | |
| | San Antonio, TX 78265-9704 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |
| 4.10 | Comenity/The Childrens Place | Last 4 digits of account number 3689 | \$321.36 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 659820 San Antonio, TX 78265-9120 | Mileti was the dest incurred: | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |

| Debto | ^{r 1} McGovern, Tammy Kay | Case number (f known) | |
|-------|--|---|----------|
| 4.11 | Commenity Marathon Nonpriority Creditor's Name | Last 4 digits of account number 9726 When was the debt incurred? | \$656.19 |
| | PO Box 659584 San Antonio, TX 78265-9584 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |
| 4.12 | Credit Burea Systems Inc. Nonpriority Creditor's Name | Last 4 digits of account number | \$893.00 |
| | | When was the debt incurred? | |
| | P.O. Box 482 Clarksville, TN 37041-0482 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Montgomery County EMS | |
| 4.13 | Credit Burea Systems Inc. Nonpriority Creditor's Name | Last 4 digits of account number | \$935.00 |
| | | When was the debt incurred? | |
| | P.O. Box 482 Clarksville, TN 37041-0482 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Montgomery County EMS | |

| Debtor 1 McGovern, Tammy Kay | Case number (f known) | |
|---|---|------------|
| 4.14 Direct TV Nonpriority Creditor's Name | Last 4 digits of account number | \$1,500.00 |
| PO Box 5014 Carol Stream, IL 60197-5014 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| \square Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Direc TV and At&T | |
| 4.15 Dressbarn Capitol One Nonpriority Creditor's Name | Last 4 digits of account number 6935 | \$241.00 |
| PO Box 4144 | When was the debt incurred? | |
| Carol Stream, IL 60197-4144 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Credit card | |
| 4.16 Electronic Express | Last 4 digits of account number 9066 | \$444.45 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| PO Box 960061 Orlando, FL 32896-0061 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | _ | |
| ■ Debtor 1 only | Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit Card | |

| Debto | ^{r 1} McGovern, Tammy Kay | Case number (f known) | |
|-------|--|---|------------|
| 4.17 | Enterprise Rent A Car Nonpriority Creditor's Name | Last 4 digits of account number | \$650.00 |
| | | When was the debt incurred? | |
| | P.O. Box 40738 Atlanta, GA 30384-5738 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Damage to rental car | |
| 4.18 | Finger Hut | Last 4 digits of account number 9176 | \$556.76 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 70281 | when was the dept incurred? | |
| | Philadelphia, PA 19176-0281 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | ☐ Yes | Other. Specify Credit Card | |
| 4.19 | Fortiva Home Improvement Card Nonpriority Creditor's Name | Last 4 digits of account number 5353 | \$3,000.00 |
| | Nonpholity Creditor's Name | When was the debt incurred? | |
| | PO Box 790105 | | |
| | Saint Louis, MO 63179-0105 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Oneok an that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | | |
| | ⊔ res | Other. Specify Credit Card | |

| 20 | Fox Collection Center | Last 4 digits of account number | \$433.00 |
|----|---|---|----------------|
| | Nonpriority Creditor's Name | | V.00.00 |
| | P.O. Box 528 | When was the debt incurred? | |
| | Goodlettsville, TN 37070-0528 | _ | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Поль | |
| | <u> </u> | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify Radiology of Clarksville | |
| 21 | Freet Arnott Company | Last 4 digits of account number 8223 | \$2,562.00 |
| ٺ | Frost -Arnett Company Nonpriority Creditor's Name | 0223 | Ψ2,302.00 |
| | | When was the debt incurred? | |
| | PO Box 198988 | | |
| | Nashville, TN 37219-8988 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | | |
| | ☐ Yes | ■ Other. Specify Result physiotherapy | |
| 2 | Kay Jewlers Nonpriority Creditor's Name | Last 4 digits of account number 5973 | \$984.2 |
| | Nonpholity Creditor's Name | When was the debt incurred? | |
| | PO Box 23013 | | |
| | Columbus, GA 31902-3013 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | _ | |
| | Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Credit Card | |

| 23 | Kohls Payment Center | Last 4 digits of account number 8860 | \$247.22 |
|----|--|---|----------|
| | Nonpriority Creditor's Name | <u> </u> | Ψ=-1:12 |
| | PO BOX 1456 | When was the debt incurred? | |
| | Charlotte, NC 28201 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |
| 4 | labratory Corporation of America | Last 4 digits of account number 0035 | \$194.43 |
| | Nonpriority Creditor's Name | When we she debt incorred? | |
| | PO Box 2240 | When was the debt incurred? | |
| | Burlington, NC 27216-2240 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not | |
| | No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | Yes | Other. Specify Medical | |
| 5 | LCA | Last 4 digits of account number 2585 | \$47.9 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | P.O. Box 2240 | | |
| | Burlington, NC 27216 | _ | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Medical | |

| .26 | Nashville Adjustment Bureau | Last 4 digits of account number 6126 | \$672.95 |
|-----|---|---|----------|
| 20 | Nonpriority Creditor's Name | Last 4 digits of account number 6120 | \$672.95 |
| | PO P 400000 | When was the debt incurred? | |
| | PO Box 198988 Nashville, TN 37219 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical | |
| .27 | People Clinic, PLLC | Last 4 digits of account number 0001 | \$90.81 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | 305 Dover Rd | when was the debt incurred? | |
| | Clarksville, TN 37042-4157 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | | |
| | Li res | Other. Specify Medical | |
| 28 | Pier 1 Imports | Last 4 digits of account number 4467 | \$309.46 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 659617 | | |
| | San Antonio, TX 78265-9617 | _ | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | |
| | Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |

| 1 McGovern, Tammy Kay | Case number (f known) | |
|---|---|----------|
| Premiere Credit Of North America LLC | Last 4 digits of account number 7938 | \$167.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| PO Box 199014 Indianapolis, IN 46219-9014 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Radiology alliance | |
| Premiere Credit Of North America | Last 4 digits of account number 4217 | \$293.42 |
| Nonpriority Creditor's Name | Last 4 digits of account number 4211 | Ψ200.42 |
| | When was the debt incurred? | |
| PO Box 199014 | | |
| Indianapolis, IN 46219-9014 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | , | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Vanderbilt UMC | |
| Premiere Medical | Last 4 digits of account number 7977 | \$565.07 |
| Nonpriority Creditor's Name | | ψ303.07 |
| | When was the debt incurred? | |
| PO Box 14000 Belfast, ME 04915-4033 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | Other, Specify Medical | |

Schedule E/F: Creditors Who Have Unsecured Claims

| Debto | McGovern, Tammy Kay | Case number (# known) | |
|-------|--|--|------------|
| 4.32 | Professional Account Services Nonpriority Creditor's Name | Last 4 digits of account number 0188 When was the debt incurred? | \$2,787.19 |
| | PO Box 188 Brentwood, TN 37024-0188 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Tennova Health Care | |
| 4.33 | SCA Collections Nonpriority Creditor's Name | Last 4 digits of account number 7569 | \$100.00 |
| | The second secon | When was the debt incurred? | |
| | PO Box 876 Greenville, NC 27835-0876 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Cumberland Pathology | |
| 4.34 | Ulta Beauty Nonpriority Creditor's Name | Last 4 digits of account number 1828 | \$1,342.19 |
| | PO Box 659820 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| | 1 McGovern, Tammy Kay | Case number (if known) | |
|------|--|---|------------------|
| | Vanderbilt University Medical | 4474 | #0.000.00 |
| 4.35 | Center Nonpriority Creditor's Name | Last 4 digits of account number 1171 | \$2,886.08 |
| | Dept. 1171 | When was the debt incurred? | |
| | PO Box 121171 | | |
| | Dallas, TX 75312-1171 | _ | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical | |
| 4.36 | Verizon Wireless | Last 4 digits of account number | unknown |
| | Nonpriority Creditor's Name | | |
| | PO Box 26055 | When was the debt incurred? | |
| | Minneapolis, MN 55426-0055 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.37 | Victorias Secret | Last 4 digits of account number 4509 | \$2,327.74 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 659728 | | |
| | San Antonio, TX 78265-9728 | _ | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | Yes | Other. Specify Credit Card | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 13 of 14

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------------|------------|--|------------|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims from Part 2 | 6g. 6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. 6h. | \$ 0.00 |
| | 6i. | | 6i. | \$ 0.00 |
| | OI. | Other. Add all other nonpriority unsecured claims. Write that amount here. | OI. | \$ 30,978.33 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 30,978.33 |

| Fill in th | | | | |
|---------------------|--------------------------|--------------------|-------------------------------|----------------------|
| Debtor 1 | Tammy Kay McG | overn | | |
| | First Name | Middle Name | Last Name | -) |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | - |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE, NASHVILLE DIVISION | _ |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is a |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| F | Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|---|---|
| 2.1 | American Freight 680 Sunbury Rd Delaware, OH 43015-9555 | Mattress |
| 2.2 | Progressive Leasing 5651 W Talavi Blvd Glendale, AZ 85306-1884 | Lease on furniture |
| 2.3 | Verizon PO Box 26055 Minneapolis, MN 55426-0055 | Cellphone/reject contract |

| F | ill in this information to identi | fy your case: | | | |
|-----------------------------|--|---|---|--|---|
| Debtor 1 | Tammy Kay McG | | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | } | |
| Debtor 2 (Spouse if, fil | ling) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE, NASHVIL | LE DIVISION | |
| Case num (if known) | nber | | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | | |
| Sched | dule H: Your Cod | ebtors | | | 12/15 |
| ■ No □ Yes 2. Wift Califo | s | lived in a community pronounce of the New Mexico, Puerto Rico | operty state or territory , Texas, Washington, and | ? (Community property sta | tes and territories include Arizona, |
| line 2 | again as a codebtor only if the square as a codebtor only if the square E/F (Official Form | at person is a guarantor | or cosigner. Make sure | you have listed the credi | n you. List the person shown in tor on Schedule D (Official Form I/F, or Schedule G to fill out |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IIP Code | | Column 2: The credite Check all schedules the | or to whom you owe the debt nat apply: |
| 3.1 | Name Number Street City | State | ZIP Code | _ □ Schedule D, line □ Schedule E/F, line □ Schedule G, line | |
| 3.2 | Name | | | _ ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line | |
| | Number Street City | State | ZIP Code | _ | |

Schedule H: Your Codebtors

| Fill | in this information to identify your ca | ase: | | | | | | | |
|--------------------|--|---|---|-----------------|-------------------------|---|---------------------------|------------------------------|--------------|
| | otor 1 Tammy Kay | | | | | | | | |
| | otor 2 | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the: | MIDDLE DISTRICT OF DIVISION | F TENNESSEE, NASH | HVILLE | _ | | | | |
| | se number | | | | | ck if this is: An amende A suppleme ncome as c | d filing ent showing | postpetition or | chapter 13 |
| | fficial Form 106I | | | | Ī | MM / DD/ Y | YYY | | |
| S | chedule I: Your Inco | ome | | | | | | | 12/1 |
| sup spo atta | as complete and accurate as possiplying correct information. If you a use. If you are separated and your ch a separate sheet to this form. On the complex to | are married and not filing r spouse is not filing with | g jointly, and your sp n you, do not include | ouse is informa | living with ation about | you, includ your spou | le informa se. If more | tion about ye space is ne | our eded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-fil | ing spouse | |
| | If you have more than one job, | Empleyment status | ■ Employed | | | ☐ Employed | | | |
| | attach a separate page with information about additional employers. | Employment status | ☐ Not employed | | | ☐ Not e | mployed | | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | | | | | | | |
| | Occupation may include student o homemaker, if it applies. | _r Employer's address | | | | | | | |
| | | How long employed th | ere? | | | | | | |
| Par | t 2: Give Details About Mon | thly Income | - | | | | | | |
| | mate monthly income as of the da ss you are separated. | ite you file this form. If yo | ou have nothing to repo | rt for an | y line, write \$ | 0 in the spa | ace. Include | e your non-filir | ng spouse |
| | u or your non-filing spouse have more ce, attach a separate sheet to this for | | ine the information for | all emplo | oyers for that | person on | the lines be | elow. If you ne | eed more |
| | | | | | For De | btor 1 | | otor 2 or ng spouse | |
| 2. | List monthly gross wages, salar deductions). If not paid monthly, ca | | | 2. | \$ | 0.00 | \$ | N/A | - |
| 3. | Estimate and list monthly overti | me pay. | | 3. | +\$ | 0.00 | +\$ | N/A | _ |
| 4. | Calculate gross Income. Add lin | e 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A | |

| | | | | | | | | | mbin | ed / income |
|-----|--|------------|-----|-----------|------------|----|------------------|-----|------|----------------|
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Column 2015. | | | | , | | _s 12. | \$ | | 1,700.00 |
| 11. | State all other regular contributions to the expenses that you list in Sche Include contributions from an unmarried partner, members of your household, you other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are no Specify: | our depend | | | | • | lle J. 11. | + | \$ | 0.00 |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | 700.0 | <u>D</u> + | \$ | N/A |]=[| \$ | 1,700.00 |

13. Do you expect an increase or decrease within the year after you file this form?

■ No.

□ Yes. Explain:

| SIII | in this informa | tion to identify yo | nr case. | | | | | | |
|---------|-------------------------------|---|----------------|--|--|------------|--------------------------------------|--|---|
| | | · · | | | | | | | |
| Deb | tor 1 | Tammy Kay | McGove | rn | | | eck if this is: | | |
| Deb | tor 2 | | | | | | An amended filing A supplement show | ring postpetition chapter 13 | |
| (Spo | ouse, if filing) | | | | | | expenses as of the | | |
| Unit | ed States Bankr | ruptcy Court for the: | | E DISTRICT OF TENNESS ILLE DIVISION | SEE, | | MM / DD / YYYY | | |
| 1 | e number nown) | | | | | | | | |
| └ Of | fficial Fo | rm 106J | , | | | | | | |
| So | chedule | J: Your E | Expen | ses | | | | 12/1 | 5 |
| Be a | as complete a | and accurate as | possible. I | f two married people are | | | | supplying correct ur name and case number | r |
| Par | | ibe Your Housel | nold | | | | | | |
| 1. | Is this a joir | nt case? | | | | | | | |
| | ■ No. Go to □ Yes. Doe | o line 2. s Debtor 2 live ir | n a separa | te household? | | | | | |
| | □N | o | | | | | | | |
| | ΠY | es. Debtor 2 mus | t file Officia | al Form 106J-2, Expenses f | or Separate Househ | oldof Debt | or 2. | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | |
| ۷. | • | • | _ | Fill and this information for | Daman dantia nalati | | D | Dana danan dant | |
| | Do not list D Debtor 2. | eptor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | □ No | |
| | dependents | | | | | | | ☐ Yes | |
| | | | | | _ | | _ | □No | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | Yes | |
| | | | | | | | | □ No | |
| _ | D | | _ | | | | | ☐ Yes | |
| 3. | expenses of | enses include f people other th d your depender | an 🗖 | No Yes | | | | | |
| Dan | . Catim | | | . F | | | | | |
| exp | imate your ex | | ur bankru | ptcy filing date unless your is filed. If this is a supple | | | | | _ |
| valu | ue of such as | sistance and hav | | overnment assistance if y d it on Schedule I: Your I | | | Your exp | enses | |
| (Un | ficial Form 10 | oi. <i>)</i> | | | | | . ou. oxp | | |
| 4. | | or home ownersh d any rent for the | | ses for your residence. Indoor. | clude first mortgage | 4. | \$ | 850.00 | |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 | |
| | 4b. Prope | rty, homeowner's, | or renter's | insurance | | 4b. | \$ | 0.00 | |
| | | maintenance, re | | | | 4c. | · ——— | 0.00 | |
| _ | | owner's association | | | | 4d. | · | 0.00 | |
| 5. | Additional r | nortgage payme | nts for yo | ur residence, such as hom | ne equity loans | 5. | \$ | 0.00 | |

Official Form 106J

| Debtor 1 | McGovern, Tammy Kay | Case num | ber (if known) | |
|-------------------|--|----------------|----------------|-------------------------------|
| 6. Utiliti | es: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 120.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 56.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 67.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| 7. Food | and housekeeping supplies | 7. | \$ | 350.00 |
| 3. Child | care and children's education costs | 8. | \$ | 0.00 |
| . Cloth | ing, laundry, and dry cleaning | 9. | \$ | 20.00 |
| | onal care products and services | 10. | · | 50.00 |
| | cal and dental expenses | 11. | | 50.00 |
| | sportation. Include gas, maintenance, bus or train fare. | | · — | |
| | ot include car payments. | 12. | \$ | 50.00 |
| | tainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| 4. Chari | table contributions and religious donations | 14. | \$ | 0.00 |
| 5. Insur | ance. | | | |
| Do no | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. | Life insurance | 15a. | \$ | 0.00 |
| 15b. | Health insurance | 15b. | \$ | 0.00 |
| 15c. | Vehicle insurance | 15c. | \$ | 0.00 |
| 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. Taxes | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | | _ | |
| Speci | fy: | 16. | \$ | 0.00 |
| | Ilment or lease payments: | | | |
| 17a. | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: | 17c. | \$ | 0.00 |
| 17d. | Other. Specify: | 17d. | \$ | 0.00 |
| 18. Your | payments of alimony, maintenance, and support that you did not report as | | _ | |
| | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | 0.00 |
| | payments you make to support others who do not live with you. | | \$ | 0.00 |
| Speci | | 19. | _ | |
| | real property expenses not included in lines 4 or 5 of this form or on Schedi | | | 0.00 |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | Homeowner's association or condominium dues | 20e. | · | 0.00 |
| 21. Other | : Specify: | 21. | _+\$ | 0.00 |
| 22 Calcu | late your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 1,663.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 1,003.00 |
| | | | | 4 662 00 |
| 22c. <i>F</i> | Add line 22a and 22b. The result is your monthly expenses. | | * | 1,663.00 |
| 23. Calcu | ılate your monthly net income. | | • | J |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,700.00 |
| | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,663.00 |
| | | | | ,,,,,,, |
| 23c. | Subtract your monthly expenses from your monthly income. | | | |
| | The result is your monthly net income. | 23c. | \$ | 37.00 |
| For ex modifie | ou expect an increase or decrease in your expenses within the year after you ample, do you expect to finish paying for your car loan within the year or do you expect your cation to the terms of your mortgage? | | | ease or decrease because of a |
| ■ No | | | | |
| ☐ Ye | s. Explain here: | | | |

| Fill in this info | ormation to identify y | our case: | | | | | |
|---------------------------------|--|--|--------------------|----------------------|-------------|--|-------|
| Debtor 1 | Tammy Kay Mc | | | | | | |
| Debior 1 | First Name | Middle Name | Last Nan | ie | —— | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Nam | e | | | |
| United States Ban | kruptcy Court for the: | MIDDLE DISTRICT O | OF TENNESSEE, N | ASHVILLE DIVISIO | ON | | |
| Case number (if known) | | | | | | ☐ Check if to amended | |
| Official Form Declarati | • | an Individua | al Debtor | 's Sched | ules | | 12/15 |
| Dooral att | | | <u> </u> | | 4.00 | | 12/13 |
| If two married peo | ple are filing togethe | r, both are equally respo | onsible for supply | ing correct inform | ation. | | |
| obtaining money of | | ile bankruptcy schedule n connection with a ban 519, and 3571. | | | | | |
| Sign | Below | | | | | | |
| Did you pay | or agree to pay some | eone who is NOT an atto | orney to help you | ill out bankruptcy | forms? | | |
| ■ No | | | | | | | |
| ☐ Yes. Na | ame of person | | | | | kruptcy Petition Prepa , and Signature (Offic | |
| | y of perjury, I declare true and correct. | that I have read the sur | mmary and sched | ules filed with this | declaration | and | |
| | my McGovern | | X | nature of Debtor 2 | | | |
| | Kay McGovern of Debtor 1 | | Sig | nature of Debtor 2 | | | |

Date ____

Date November 21, 2019

| | Fill in this information to identify your case: | | | |
|-------------|--|--|---------|-------------------------------------|
| Del | rebtor 1 Tammy Kay McGovern | | | |
| Del | First Name Middle Name Last Name | | | |
| (Spc | Spouse if, filing) First Name Middle Name Last Name | | | |
| Uni | Inited States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE, NASH | VILLE DIVISION | | |
| | ase numberknown) | | _ | heck if this is an nended filing |
| | Official Form 106Sum | | | |
| | ummary of Your Assets and Liabilities and Certain Sta | | | 12/15 |
| info you | e as complete and accurate as possible. If two married people are filing together, be formation. Fill out all of your schedules first; then complete the information on this our original forms, you must fill out a new Summary and check the box at the top of art 1: Summarize Your Assets | form. If you are filing amended | | |
| | | | | ur assets ue of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | | \$. | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | | \$. | 1,300.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | \$ | 1,300.00 |
| Par | art 2: Summarize Your Liabilities | | | |
| | | | | ur liabilities ount you owe |
| 2. | . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page | ge of Part 1 of Schedule D | \$. | 9,329.08 |
| 3. | . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &ched | lule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j &ch | nedule E/F | \$ | 30,978.33 |
| | | Your total liabilities | \$ | 40,307.41 |
| Par | art 3: Summarize Your Income and Expenses | | | |
| 4. | . Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | | \$ | 1,700.00 |
| 5. | . Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | | \$ | 1,663.00 |
| Par | art 4: Answer These Questions for Administrative and Statistical Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit | t this form to the court with your otl | ner sch | nedules. |
| 7. | ■ Yes . What kind of debt do you have? | | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,700.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|----|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$0.0 | 10 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.0 | 10 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.0 | 0 |
| 9d. Student loans. (Copy line 6f.) | \$0.0 | 0 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0 |
| 9g. Total. Add lines 9a through 9f. | \$0.00 | |

| | Fill in this | information to identi | fy your case: | | | |
|------------------------|--------------------|---------------------------|---|---|--|---|
| Debtor ' | | Tammy Kay Mc | | | | |
| 20210. | | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if | | First Name | Middle Name | Last Name | | |
| | . •, | kruptcy Court for the: | | ENNESSEE, NASHVILLE DI | VISION | |
| _ | | , , | | | | |
| Case nu (if known) | ımber | | | | _ | Check if this is an amended filing |
| State Be as co | ment emplete an | nd accurate as possib | | e filing together, both are ed | ankruptcy Jually responsible for supply Idditional pages, write your | |
| Part 1: | | | rital Status and Where You I | Lived Before | | |
| _ | | current marital status | S f | | | |
| | Married | | | | | |
| | Not marr | ied | | | | |
| 2. Dur | ing the la | st 3 years, have you l | ived anywhere other than w | here you live now? | | |
| ■ | No Yes. List | all of the places you liv | ed in the last 3 years. Do not ir | nclude where you live now. | | |
| De | btor 1 Pri | or Address: | Dates Debtor 1 li | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | y property state or territory? o, Texas, Washington and Wi | |
| | No | o morado / mzona, odm | ionna, radiro, Eddiciana, riove | ada, rrew mexico, r dene rite | o, roxuo, rruoriingion una rri | 0001101111, |
| | | e sure you fill out Sche | edule H: Your Codebtors (Offic | sial Form 106H). | | |
| Part 2 | Explain | the Sources of Your | Income | | | |
| Fill | in the total | amount of income you | ployment or from operating u received from all jobs and al ave income that you receive to | I businesses, including part-t | | lar years? |
| | No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

| 5. | Did you receive any other income | | | | | | | | |
|----|--|--|-------------------|---------------------|------------------------------------|--------------------------------|---|--|--|
| | Include income regardless of whether that income is taxable. Examples of <i>other income</i> are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. | | | | | | | | |
| | List each source and the gross incor | me from each source separate | ely. Do not inclu | ıde income that | t you listed in line 4. | | | | |
| | □ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | | Debtor 1 | | | Debtor 2 | | | | |
| | | Sources of income Describe below. | each soul | ductions and | Sources of inco Describe below. | (| Gross income (before deductions and exclusions) | | |
| | om January 1 of current year until e date you filed for bankruptcy: | Alimony | | \$10,200.00 | | | | | |
| | List Contain Downsonts Vou | Made Defeve Very Filed for | Donkerintor | | | | | | |
| Pa | It 3: List Certain Payments You | made before You Filed for | Бапкгирісу | | | | | | |
| 6. | | s debts primarily consumer bebtor 2 has primarily consupersonal, family, or household | ımer debts. C | onsumer debts | are defined in 11 U. | S.C. § 101(8) a | s "incurred by an | | |
| | During the 90 days before No. Go to line 7 | re you filed for bankruptcy, did | l you pay any c | reditor a total of | f \$6,825* or more? | | | | |
| | Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid the creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. | | | | | | | | |
| | * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. | | | | | | | | |
| | Yes. Debtor 1 or Debtor 2 o During the 90 days before | r both have primarily consure you filed for bankruptcy, did | | reditor a total of | f \$600 or more? | | | | |
| | ■ No. Go to line 7. | | | | | | | | |
| | Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorn this bankruptcy case. | | | | | | | | |
| | Creditor's Name and Address | Dates of paymo | ent To | otal amount paid | Amount you still owe | Was this pay | ment for | | |
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | | |
| | ■ No □ Yes. List all payments to an insider. | | | | | | | | |
| | Insider's Name and Address | Dates of paymo | ent To | otal amount | Amount you still owe | Reason for th | nis payment | | |
| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an | | | | | | | | |
| 0. | insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. List all payments to an ins | ider | | | | | | | |
| | Insider's Name and Address | Dates of paymo | ent To | otal amount paid | Amount you still owe | Reason for the Include credite | | | |
| Pa | rt 4: Identify Legal Actions, Rep | ossessions, and Foreclosu | res | | | | | | |

Case number (if known)

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications,

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 2

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Debtor 1 McGovern, Tammy Kay

| Del | otor 1 McGovern, Tammy Kay | | Case number | (if known) | |
|-----|---|--|---------------------------------|--------------------------|------------------------|
| | | | | | |
| | and contract disputes. | | | | |
| | No | | | | |
| | Yes. Fill in the details. | | _ | | |
| | Case title Case number | Nature of the case | Court or agency | Status of the | e case |
| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details bel | | rty repossessed, foreclosed, | garnished, attached, s | seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | |
| | Creditor Name and Address | Describe the Property | Date | Value of the | |
| | | Explain what happened | I | | property |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be No Yes. Fill in the details. | | uding a bank or financial inst | itution, set off any am | ounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date action was taken | Amount |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or No Yes | | rty in the possession of an as | ssignee for the benefit | of creditors, a |
| Par | t 5: List Certain Gifts and Contributions | S | | | |
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. | ıptcy, did you give any gifts | s with a total value of more th | an \$600 per person? | |
| | Gifts with a total value of more than \$600 person | per Describe the gifts | | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or cor | | or contributions with a total | value of more than \$6 | 00 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | | ı contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | otcy or since you filed for b | ankruptcy, did you lose anyth | ning because of theft, | fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance co Include the amount that insurance claims on line 33 | rance has paid. List pending | Date of your loss | Value of property lost |
| Dat | t 7: List Certain Payments or Transfers | | | | |

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

transferred

page 4

Case number (if known)

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 5

Debtor 1

| Debtor 1 Mc | | McGovern, Tammy Kay | | | Case number (if known) | | | | |
|-------------|--|---|--|-------|---|--------------------|--|--|--|
| | • | | | | | | | | |
| | material, pollutant, contaminant, or similar term. | | | | | | | | |
| Rep | ort all r | notices, releases, and proceedings tha | t you know about, regardless of when th | ney c | occurred. | | | | |
| 24. | Has ar | ny governmental unit notified you that | you may be liable or potentially liable u | ınder | r or in violation of an environment | tal law? | | | |
| | ■ N | 0 | | | | | | | |
| | □ Y | es. Fill in the details. | | | | | | | |
| | | of site ess (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | | |
| 25. | Have y | ou notified any governmental unit of | any release of hazardous material? | | | | | | |
| | ■ N | o es. Fill in the details. | | | | | | | |
| | | e of site PSS (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | | |
| 26. | Have y | ou been a party in any judicial or adm | ninistrative proceeding under any enviro | onme | ental law? Include settlements and | d orders. | | | |
| | ■ N | o es. Fill in the details. | | | | | | | |
| | Case Case | Title Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nati | ure of the case | Status of the case | | | |
| Pai | rt 11: | Give Details About Your Business or (| , | | | | | | |
| 27. | • | | cy, did you own a business or have any | of th | ne following connections to any b | usiness? | | | |
| | | • | n a trade, profession, or other activity, e | | • | | | | |
| | _ | _ | any (LLC) or limited liability partnership | | | | | | |
| | | A partner in a partnership | | | | | | | |
| | | . □ An officer, director, or managing executive of a corporation | | | | | | | |
| | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | ■ No. None of the above applies. Go to Part 12. | | | | | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | | | | |
| | Addre | ness Name PSS er, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | | Employer Identification number Do not include Social Security n | umber or ITIN. | | | |
| | (1141114 | 21, 01.001, 01.1y, 01.110 u.i.u <u>2</u> .i. 00.10, | name of accountant of bookkeeper | | Dates business existed | | | | |
| 28. | | 2 years before you filed for bankrupto tions, creditors, or other parties. | cy, did you give a financial statement to | any | one about your business? Include | e all financial | | | |
| | ■ N | o | | | | | | | |
| | | es. Fill in the details below. | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | | | | | | | | |
| Pai | rt 12: | Sign Below | | | | | | | |

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

| Debior i McGovern, rammy Kay | Case number (it known) |
|---|--|
| bankruptcy case can result in fines up to \$250, | 000, or imprisonment for up to 20 years, or both. |
| 18 U.S.C. §§ 152, 1341, 1519, and 3571. | |
| /s/ Tammy McGovern | |
| Tammy Kay McGovern Signature of Debtor 1 | Signature of Debtor 2 |
| Date November 21, 2019 | Date |
| Did you attach additional pages to Your Statem ■ No | nent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ☐ Yes | |
| Did you pay or agree to pay someone who is no | ot an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| ☐ Yes. Name of Person Attach the Banki | uptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

United States Bankruptcy Court Middle District of Tennessee, Nashville Division

| In re | McGovern, Tamr | ny Kay | | Case No. | | |
|----------|--|---|--|-------------------------|-----------------------|-----------------|
| | | | Debtor(s) | Chapter | 7 | |
| | DISC | CLOSURE OF COM | IPENSATION OF ATT | ORNEY FOR I | DEBTOR | |
| co | ompensation paid to m | e within one year before the | 2016(b), I certify that I am the at filing of the petition in bankruption of or in connection with the | tcy, or agreed to be pa | id to me, for service | |
| | For legal services, | I have agreed to accept | | \$ | 1,000.00 | |
| | Prior to the filing o | of this statement I have receive | ved | \$ | 1,000.00 | |
| | Balance Due | | | \$ | 0.00 | |
| 2. T | The source of the compo | ensation paid to me was: | | | | |
| | ■ Debtor □ | Other (specify): | | | | |
| 3. T | the source of compensation | ntion to be paid to me is: | | | | |
| | ■ Debtor □ | Other (specify): | | | | |
| 4. | I have not agreed to firm. | share the above-disclosed co | ompensation with any other pers | son unless they are me | mbers and associate | es of my law |
| | | | pensation with a person or person e names of the people sharing in | | | my law firm. A |
| 5. II | n return for the above- | disclosed fee, I have agreed | to render legal service for all asp | ects of the bankruptcy | case, including: | |
| b. c. | . Preparation and filin | g of any petition, schedules, e debtor at the meeting of cre | endering advice to the debtor in statement of affairs and plan wheditors and confirmation hearing | nich may be required; | - | eankruptcy; |
| 6. B | y agreement with the o | debtor(s), the above-disclose | d fee does not include the follow | ving service: | | |
| | | | CERTIFICATION | | | |
| | certify that the foregoinkruptcy proceeding. | ng is a complete statement o | f any agreement or arrangement | for payment to me for | representation of t | he debtor(s) in |
| No | ovember 21, 2019 | | /s/ Robert Moye | er | | |
| Da | ite | | Robert Moyer Signature of Attor Law Offices of | ney Robert H. Moyer | | |
| | | | 408 Franklin St Clarksville, TN | | | |
| | | | rhmoyer@bells | south.net | | |
| | | | Name of law firm | | | |